Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: MICHAEL DENNIS BREEN

Date Received: 01/22/2013   **Applicant Number:** 10010

Recommended Applicant Pool Status:

☑ Included   ☐ Removed

Final Applicant Pool Status:

☑ Included   ☐ Removed

REQUIREMENTS:

1. Was the application received before the submission deadline?   ☑ Yes ☐ No

    If NO, list time/date application was received: _____

2. Is the application complete?   ☑ Yes ☐ No

    If NO, list the item(s) that need to be completed:

3. Indicate how the applicant responded to the following questions:

    A. Student enrolled in a college/university in the City of Austin?   ☐ Yes ☑ No

    If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

    i.   Reside in the City of Austin?   ☑ Yes ☐ No

    ii.   Registered to vote in the City of Austin?   ☑ Yes ☐ No

    iii.   Continuously registered to vote in the City of Austin?   ☑ Yes ☐ No

    iv.   Voted in 3 of the last 5 City of Austin general elections?   ☑ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?**   ☐ Yes ☑ No

    If YES, identify issue(s) addressed and disposition:

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?   ☐ Yes ☑ No

   If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**   ☐ Yes ☑ No

   If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?   ☑ Yes ☐ No

   If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**   ☐ Yes ☑ No

   If YES, identify issue(s) addressed and disposition:

Application Reviewed By: TOPE ELETU - ODIBO   *Review Date:* 02/05/2013

Quality Control Review By: _____   *QC Review Date:* 2/18/13

Follow-up Contact(s) Reviewed By: N/A   *Date:* _____